

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
10689630
APPLICANT(S)

FILING DATE
10-22-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
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41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	42					
TOTAL CLAIMS	46					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						